

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-27-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 99135 rendered on 2-24-03.

II. FINDINGS

- a. The respondent paid \$0.00 based upon "F – Reimbursement is being withheld as this procedure is considered integral to the primary procedure billed."

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-24-03	99135 (5)	\$350.00	\$0.00	F	\$200.00	Anesthesia GR (I)(C)(3)(a)	On this date, the requestor also billed and was reimbursed for 01622AA for anesthesia services. Anesthesia GR (I)(C)(3) states, "These procedures shall not be reported alone but would be reported as additional procedure codes qualifying as an anesthesia procedure or service." Therefore, reimbursement is recommended of 5 X \$40.00 = \$200.00

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99135 in the amount of **\$200.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$200.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16th day of February 2005.

Elizabeth Pickle

Medical Dispute Resolution Officer

Medical Review Division